

PLEASE FAX TO MDE at 517-373-4022. Approval of this request is contingent upon compliance with applicable federal regulation. Michigan Department of Education must receive this form **not less than 24-hours** prior to the proposed implementation of the requested changes(s). Requests that are not received in compliance with the 24-hour time frame mentioned above are subject to denial. If 24 hours notice of a change cannot be given due to an emergency please notify MDE as soon as possible at 517-373-3347. **KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

SFSP SITE CHANGE FORM

Name of Sponsor _____

Agreement # _____

Name of Site _____

Site # _____

REQUEST TYPE (Check all requested changes.)		CURRENT INFORMATION (Complete this section for each box checked in the REQUEST TYPE column.)	REQUESTED CHANGE (Complete this section for each box checked in the REQUEST TYPE column.)	EFFECTIVE DATE OF CHANGE (Complete for each change requested.)
OPERATING DATES	<input type="checkbox"/>			
TEMPORARY CLOSING	<input type="checkbox"/>			
MEAL SERVICE TIME	<input type="checkbox"/>			
OTHER – Specify	<input type="checkbox"/>			

Comments/Clarifications _____

DIRECTIONS: Complete only those rows for which changes are requested. All other information approved on the original SFSP application will remain in effect. **This form should not be used for permanent changes in meal times, CAP adjustments, dates of operation, days of operation, or adding/deleting meal types. Those changes should be made in CNAP and approved by MDE before the change may take place.** Only temporary changes in dates of operation, meal times, or days of operation (i.e. temporary closing of a site for a day) should be included on this form.

CERTIFICATION: In requesting permission for the above changes, I certify that all SFSP rules, which may be affected by this change, have been taken into consideration prior to this request.

Signature: _____

Date _____



SITE CHANGE FORM INSTRUCTIONS

Follow the directions on the form and fax the information to the Michigan Department of Education to report significant **TEMPORARY** changes in site operation. The FAX number for MDE is 517-373-4022. Michigan Department of Education must receive this form **not less than 24-hours** prior to the proposed implementation of the requested changes(s). Requests that are not received in compliance with the 24-hour time frame mentioned above are subject to denial.

The sponsor needs to inform MDE of significant changes in site operation. Significant changes include:

- Temporary closing of a site
- Temporary change in meal times at a site
- Temporary change in dates of operation (i.e. closed on July 4th, closed due to power outage for a day, closed for a day due to inclement weather, etc.)
- Temporary change in meal serving times at a site (i.e. serving early/late on a day due to a field trip, weather, etc.)

This form should not be used for permanent changes in meal times, CAP adjustments, dates of operation, days of operation, or adding/deleting meal types. Those changes should be made in CNAP and receive approval by MDE prior to the change taking place. We need this information so that Program rules are not violated (e.g., providing more meal services than can be approved for a particular type of site) and to keep abreast of information needed by our review staff (e.g., location of site, times of meal service, etc.) to do their job.